

11/19/01

11-30-01

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PTO/SB/05 (11-00)

Please type a plus sign (+) inside this box → ☐

Approved for use through 10/31/2002. OMB 0651-0032

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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**UTILITY
PATENT APPLICATION
TRANSMITTAL**

(Only for new nonprovisional applications under 37 CFR 1.53(b))

| | |
|------------------------|-------------------------------|
| Attorney Docket No. | 6444-PA05D |
| First Inventor | Rob NEEPER et al. |
| Title | CONTAINER AND METHOD FOR HIGH |
| Express Mail Label No. | EL634293344US |

APPLICATION ELEMENTS

See MPEP chapter 600 concerning utility patent application contents.

1. ☒ Fee Transmittal Form (e.g., PTO/SB/17)
(Submit an original and a duplicate for fee processing)
2. ☒ Applicant claims small entity status.
See 37 CFR 1.27.
3. ☒ Specification [Total Pages 65]
(preferred arrangement set forth below)
 - Descriptive title of the invention
 - Cross Reference to Related Applications
 - Statement Regarding Fed sponsored R & D
 - Reference to sequence listing, a table, or a computer program listing appendix
 - Background of the Invention
 - Brief Summary of the Invention
 - Brief Description of the Drawings (if filed)
 - Detailed Description
 - Claim(s)
 - Abstract of the Disclosure
4. ☒ Drawing(s) (35 U.S.C. 113) [Total Sheets 15]
5. Oath or Declaration [Total Pages 3]
 - a. ☐ Newly executed (original or copy)
 - b. ☒ Copy from a prior application (37 CFR 1.63 (d))
(for continuation/divisional with Box 18 completed)
 - i. ☐ **DELETION OF INVENTOR(S)**
Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b).
6. ☐ Application Data Sheet. See 37 CFR 1.76

ADDRESS TO: Assistant Commissioner for Patents
Box Patent Application
Washington, DC 20231

7. ☐ CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix)
8. Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary)
 - a. ☐ Computer Readable Form (CRF)
 - b. Specification Sequence Listing on:
 - i. ☐ CD-ROM or CD-R (2 copies); or
 - ii. ☐ paper
 - c. ☐ Statements verifying identity of above copies

ACCOMPANYING APPLICATION PARTS

9. ☐ Assignment Papers (cover sheet & document(s))
10. ☐ 37 CFR 3.73(b) Statement (when there is an assignee) ☐ Power of Attorney
11. ☐ English Translation Document (if applicable)
12. ☒ Information Disclosure Statement (IDS)/PTO-1449 ☒ Copies of IDS Citations
13. ☒ Preliminary Amendment
14. ☒ Return Receipt Postcard (MPEP 503) (Should be specifically itemized)
15. ☐ Certified Copy of Priority Document(s) (if foreign priority is claimed)
16. ☐ Request and Certification under 35 U.S.C. 122 (b)(2)(B)(i). Applicant must attach form PTO/SB/35 or its equivalent.
17. ☒ Other: Check in the amount of \$370.00

18. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment or in an Application Data Sheet under 37 CFR 1.76:

☐ Continuation ☒ Divisional ☐ Continuation-in-part (CIP)

of prior application No.: 09/549,285

Prior application information:

Examiner Dwayne HANDY

Group Art Unit: 1743

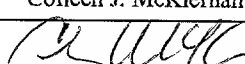
For CONTINUATION OR DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

19. CORRESPONDENCE ADDRESS☐ Customer Number or Bar Code Label

(Insert Customer No. or Attach bar code label here)

or ☐ Correspondence address below

| | | | | | |
|---------|-------------------------------|-----------|--------------|----------|--------------|
| Name | Colleen J. McKiernan | | | | |
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| Country | USA | Telephone | 619-238-0999 | Fax | 619-238-0062 |

| | | | |
|-------------------|---|-----------------------------------|----------|
| Name (Print/Type) | Colleen J. McKiernan | Registration No. (Attorney/Agent) | 48,570 |
| Signature |  | Date | 11-19-01 |

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Box Patent Application, Washington, DC 20231.

FEE TRANSMITTAL for FY 2001

Patent fees are subject to annual revision.

TOTAL AMOUNT OF PAYMENT (\$) 370

Complete if Known

| | |
|----------------------|-------------------|
| Application Number | UNKNOWN |
| Filing Date | HEREWITH |
| First Named Inventor | Rob NEEPER et al. |
| Examiner Name | UNKNOWN |
| Group Art Unit | UNKNOWN |
| Attorney Docket No. | 6444-PA05D |

11/19/01

METHOD OF PAYMENT

1. ☒ The Commissioner is hereby authorized to charge indicated fees and credit any overpayments to:

Deposit Account Number 02-4070
Deposit Account Name

- ☒ Charge Any Additional Fee Required Under 37 CFR 1.16 and 1.17
☐ Applicant claims small entity status. See 37 CFR 1.27

2. ☒ Payment Enclosed:

☒ Check ☐ Credit card ☐ Money Order ☐ Other

FEE CALCULATION (continued)

3. ADDITIONAL FEES

| Large Entity Fee Code (\$) | Small Entity Fee Code (\$) | Fee Description | Fee Paid |
|----------------------------|----------------------------|--|----------|
| 105 130 205 65 | | Surcharge - late filing fee or oath | |
| 127 50 227 25 | | Surcharge - late provisional filing fee or cover sheet | |
| 139 130 139 130 | | Non-English specification | |
| 147 2,520 147 2,520 | | For filing a request for ex parte reexamination | |
| 112 920* 112 920* | | Requesting publication of SIR prior to Examiner action | |
| 113 1,840* 113 1,840* | | Requesting publication of SIR after Examiner action | |
| 115 110 215 55 | | Extension for reply within first month | |
| 116 400 216 200 | | Extension for reply within second month | |
| 117 920 217 460 | | Extension for reply within third month | |
| 118 1,440 218 720 | | Extension for reply within fourth month | |
| 128 1,960 228 980 | | Extension for reply within fifth month | |
| 119 320 219 160 | | Notice of Appeal | |
| 120 320 220 160 | | Filing a brief in support of an appeal | |
| 121 280 221 140 | | Request for oral hearing | |
| 138 1,510 138 1,510 | | Petition to institute a public use proceeding | |
| 140 110 240 55 | | Petition to revive - unavoidable | |
| 141 1,280 241 640 | | Petition to revive - unintentional | |
| 142 1,280 242 640 | | Utility issue fee (or reissue) | |
| 143 460 243 230 | | Design issue fee | |
| 144 620 244 310 | | Plant issue fee | |
| 122 130 122 130 | | Petitions to the Commissioner | |
| 123 50 123 50 | | Processing fee under 37 CFR 1.17(q) | |
| 126 180 126 180 | | Submission of Information Disclosure Stmt | |
| 581 40 581 40 | | Recording each patent assignment per property (times number of properties) | |
| 146 740 246 370 | | Filing a submission after final rejection (37 CFR § 1.129(a)) | |
| 149 740 249 370 | | For each additional invention to be examined (37 CFR § 1.129(b)) | |
| 179 740 279 370 | | Request for Continued Examination (RCE) | |
| 169 900 169 900 | | Request for expedited examination of a design application | |

Other fee (specify) _____

FEE CALCULATION

1. BASIC FILING FEE

| Large Entity Fee Code (\$) | Small Entity Fee Code (\$) | Fee Description | Fee Paid |
|----------------------------|----------------------------|------------------------|----------|
| 101 740 201 370 | | Utility filing fee | 370 |
| 106 330 206 165 | | Design filing fee | |
| 107 510 207 255 | | Plant filing fee | |
| 108 740 208 370 | | Reissue filing fee | |
| 114 160 214 80 | | Provisional filing fee | |

SUBTOTAL (1) (\$) 370

2. EXTRA CLAIM FEES

Total Claims - 20** = X =
Independent Claims - 3** = X =
Multiple Dependent =

| Large Entity Fee Code (\$) | Small Entity Fee Code (\$) | Fee Description |
|----------------------------|----------------------------|--|
| 103 18 203 9 | | Claims in excess of 20 |
| 102 84 202 42 | | Independent claims in excess of 3 |
| 104 280 204 140 | | Multiple dependent claim, if not paid |
| 109 84 209 42 | | ** Reissue independent claims over original patent |
| 110 18 210 9 | | ** Reissue claims in excess of 20 and over original patent |

SUBTOTAL (2) (\$) 0

**or number previously paid, if greater, For Reissues, see above

*Reduced by Basic Filing Fee Paid

SUBTOTAL (3) (\$) 0

SUBMITTED BY

| | | | | | |
|-------------------|----------------------|-----------------------------------|----------|-----------|--------------|
| Name (Print/Type) | Colleen J. McKiernan | Registration No. (Attorney/Agent) | 48,570 | Telephone | 619-238-0999 |
| Signature | | Date | 11-19-01 | | |

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

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